



# Division of Family Resources

## FAMILY INDEPENDENCE SERVICES SECTION

### SUB GRANTEE PERFORMANCE REPORT

A. GRANTEE INFORMATION \_\_\_\_\_ Residential Program \_\_\_\_\_ Non -Residential Program

This Report will be provided **"Monthly"** to capture both activities to reflect an annual State or Federal year

Agency/ Program Name: (d.b.a.)

Address (city, state, zip code) provide unless unlisted

Mailing Address (city, state, zip code)

Site Visit Address (Peer Review) provide unless unlisted

Director / Contact Person

#### Total Domestic Violence Program Budget

Please provide a **"one time"** Total Family Violence program at the beginning of each contract year. This document should reflect the **current** State Fiscal year Annual Budget. Budgeted information should include all financials for domestic and /or sexual violence service conducted.

\$ \_\_\_\_\_ DVPT      \$ \_\_\_\_\_ SSBG      \$ \_\_\_\_\_ FFVPS      \$ \_\_\_\_\_ SOS

\$ \_\_\_\_\_ (other sources)



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### SUB GRANTEE PERFORMANCE REPORT

Monthly Report Period \_\_\_\_\_ to \_\_\_\_\_

Agency Contact Person \_\_\_\_\_ Number \_\_\_\_\_

#### B. CLIENTELE INFORMATION (Clients served should be reported based upon an unduplicated count.)

##### **"Residential Client"**

Victim/survivor seen for the first time this reporting period; counted once regardless of the number of times victim may be served during the fiscal year. Number should include unduplicated counts for both residential and non-residential services. Clients who received shelter (residential services) should be counted in that category only.

##### **"Non-Residential Client"**

Clients who received only program "services" should be counted in this category. Specify the number of women, men, children served separately. **Exclude clients who are served by Batterer Intervention Program.**

##### **"Youth (IPV) Victim"**

Where the youth is **under the age of 18 identified as victim** of intimate partner violence (IPV), count is subset "Youth (IPV) Victim". **E.g. Program served 100 children & youth, 8 identified as (IPV) reported.**

	<u>Sexual Assault Clients</u>		<u>Sexual Assault Clients</u>
	<b># of Women Raped</b> _____		<b># of Women Raped</b> _____
	attempted _____		attempted _____
	sheltered nights _____		<b># of Men Raped</b> _____
	<b># of Men Raped</b> _____		attempted _____
	attempted _____		<b># child (IVP)</b> _____
	sheltered nights _____		attempted _____
	<b># of Children Raped</b> _____		
	attempted _____		# of Arranged _____
	sheltered nights _____		Shelter Request _____

\* Shelter nights -on site managed or sponsored (hotel, safe house, residence of volunteers offering private homes for short-term crisis) or other temporary housing your program arranges.

\* Unmet shelter - Request made but due to shelter being at capacity program could not house. Count the adult victims of domestic violence only. This Count should not include individuals who were not served because their needs were inappropriate for the services of program.

\* Denied shelter- Residential needs were inappropriate for the services of program. e.g. non-domestic violence related homelessness

**DEMOGRAPHICS (for unduplicated clients)****Sexual Assault Services**

\_\_\_\_\_ Black or African American  
 \_\_\_\_\_ Am. Indian / Alaska Native  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ Hispanic or Latino  
 \_\_\_\_\_ Native Hawaiian / other Pacific Is.  
 \_\_\_\_\_ White  
 \_\_\_\_\_ Unknown / other

**GENDER (for unduplicated clients)**

\_\_\_\_\_ Female  
 \_\_\_\_\_ Male  
 \_\_\_\_\_ Not Specified

**RELATED SERVICES and ASSISTANCE**

\_\_\_\_\_ # \_\_\_\_\_ Time (in hours) \_\_\_\_\_

Count the # of individuals from all areas including programmatic (e.g. advocacy, transportation) and administrative services (e.g. board members and data entry). Count total time rounded to nearest hour.

\_\_\_\_\_ # \_\_\_\_\_ D.V. \_\_\_\_\_ S.A.

Calls received on any agency line that relate to an individual in need of some kind of violence issue service. Count all calls including repeat callers and calls from third parties. (Do not count: donations, general information, program information, and calls from media)

**Client Ages: D.V. S.A.**

birth to 0		
1 to 5 years		
5 to 11 years		
12 to 17 years		
18 to 24 years		
25 to 59 years		
60 +		
Unknown		

**Client Income: D.V. S.A.**

\$0 to 5,000		
\$5,000 to 15,000		
\$15,000 to 25,000		
\$25,000 to 40,000		
\$40,000 +		
Unknown		

**SUPPORTIVE COUNSELING & ADVOCACY:** (Services provided to VICTIM/ SURVIVOR which extend beyond a brief, isolated contact) e.g. crisis intervention, safety planning, individual counseling, peer counseling, educational services, advocacy (legal/personal/housing/medical), information/referral, transportation, and home visits.

**Individual Counseling & Adv.**

ADULT Clientele \_\_\_\_\_ # of Hours  
 \_\_\_\_\_ # of Service Contacts  
 \_\_\_\_\_ # hours sexual assault

CHILD Clientele \_\_\_\_\_ # of Hours  
 \_\_\_\_\_ # of Service Contacts  
 \_\_\_\_\_ # hours sexual assault

**Group Counseling & Adv.**

ADULT Clientele \_\_\_\_\_ # of Hours  
 \_\_\_\_\_ # of Service Contacts  
 \_\_\_\_\_ # of hours sexual assault

CHILD Clientele \_\_\_\_\_ # of Hours  
 \_\_\_\_\_ # of Service Contacts  
 \_\_\_\_\_ # hours sexual assault



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### SUB GRANTEE PERFORMANCE REPORT

**CHILDREN'S ACTIVITIES:** (All activities that fall outside of child advocacy including recreational activities, child care, etc.)

\* Individual Activity (count total number of hours &/or service contacts) Unplanned /unstructured point of contact e.g. mentoring

\*Group Activity (e.g. Program plans a 3hr field trip for 4 children = 4 units of service & 12 hours)

	# of Hours	# of Service Contacts
<b>Individual Activity</b>	_____	_____
<b>Group Activity</b>	_____	_____

**BATTERERS INTERVENTION SERVICES** (Provision of individual sessions based on a specific model of intervention i.e. programs designed to address accountability for abusive behavior; including re-education programs for those who abuse their intimate partners. \*Report only if these services are funded by FSSA domestic violence dollars)

**Individual Services** \_\_\_\_\_ # of Clients \_\_\_\_\_ Hours \_\_\_\_\_ # of Service Contacts  
(Count the total number of unduplicated individuals served within the reporting period). Count the total number of hours and/or service contacts provided

**Group Services** \_\_\_\_\_ # of Clients \_\_\_\_\_ Hours \_\_\_\_\_ # of Service Contacts  
(Count the total number of unduplicated individuals not included in victim count). Count the total number of sessions for each individual in attendance. E.g. 5 one hour groups with 10 individuals at each = 50 service contacts & 50 hours

Gender	Client Ages:	Client Status
Female: _____	under 12 _____	incarcerated _____
Male: _____	12 to 19 years _____	community outreach _____
Not Specified: _____	20 to 35 years _____	court mandated _____
TOTAL _____	35 + years _____	

**COMMUNITY EDUCATION & PUBLIC AWARENESS** (All presentations of information or trainings about domestic violence and/or related services to victims of violence and their children)

_____ # of Adult Presentations / General Population	_____ # of Youth targeted Presentations/General Population
_____ # of Adult Participants	_____ # of Participants
_____ # of Adult Professionals trained	_____ # of Youth School Presentations
_____ # of Community Activities	_____ # of Participants